

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044900

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

4407

Registrar's No.

415

STATE FILE NUMBER

FILED DEC 13 1963

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

LA MONTE

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

JOHNSON

c. CITY

OR

TOWN KNOBNOSTER

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

R. F. D.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

WILLIAM

EDGAR

HALL

4. DATE

OF

DEATH

Month

12

Day

6

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

7-10-1910

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

LA MONTE MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

HEEMAN HALL

13b. MOTHER'S MAIDEN NAME

MAUDE GINDER

14. NAME OF HUSBAND OR WIFE

GRACE HALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

HEEMAN HALL LA MONTE MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

10 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6 Dec 1963 to 6 Dec 1963 last saw him alive on 6 Dec 1963

Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Nicholas J. Rault Jr.

22b. ADDRESS

1001 So Main La Monte Mo

22c. DATE SIGNED

6 Dec 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-8-63

23c. NAME OF CEMETERY OR CREMATORY

LA MONTE CEMETERY

23d. LOCATION (City, town, or county)

LA MONTE MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

MOORE FUNERAL HOME LA MONTE MO

25. DATE RECD. BY LOCAL REG.

Dec. 8, 1963

26. REGISTRAR'S SIGNATURE

Frances H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10800

20510

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul M. Moore

Licensed Embalmer No.

3923

P. O. Address

La Monte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.